

FULL SERVICE PARTNERSHIP

**Child / Youth Quarterly Assessment Form**  
**FOR AGES 0-15 YEARS**

**PARTNERSHIP INFORMATION**

County Number

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CSI County Client Number

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Assessment Date (mmddyyyy)

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Child/Youth's First Name

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Child/Youth's Last Name

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Child/Youth's Date of Birth (mmddyyyy)

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**EDUCATION**

Is the child/youth CURRENTLY receiving special education due to serious emotional disturbance? ☐ Yes ☐ No

Is the child/youth CURRENTLY receiving special education due to another reason? ☐ Yes ☐ No

**FOR CHILDREN/YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:**

Estimate the child/youth's attendance level  
CURRENTLY:

- ☐ Always attends school (never truant)
- ☐ Attends school most of the time
- ☐ Sometimes attends school
- ☐ Infrequently attends school
- ☐ Never attends school

CURRENTLY, his/her grades are:

- ☐ Very Good
- ☐ Good
- ☐ Average
- ☐ Below Average
- ☐ Poor

## SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support that are **CURRENTLY** used to meet the needs of the child/youth (mark all that apply):

- ☐ Caregiver Wages
- ☐ Youth Wages
- ☐ Youth's Spouse / Significant Other's Wages
- ☐ Savings
- ☐ Child Support
- ☐ Other Family Member / Friend
- ☐ Retirement / Social Security Income
- ☐ Veteran's Assistance Benefits
- ☐ Loan / Credit
- ☐ Housing Subsidy
- ☐ General Relief / General Assistance
- ☐ Food Stamps
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program
- ☐ Social Security Disability Insurance (SSDI)
- ☐ State Disability Insurance (SDI)
- ☐ American Indian Tribal Benefits  
(e.g., per capita, revenue sharing, trust disbursements)
- ☐ Other

## LEGAL ISSUES / DESIGNATIONS

### CUSTODY INFORMATION

Indicate the total number of children the partner has who are **CURRENTLY**:

Placed on W & I Code 300 Status:  
(Dependent of the court)

Placed in Foster Care:

Legally reunified with partner:

Adopted out:

## HEALTH STATUS

Does the child/youth have a primary care physician **CURRENTLY**? ☐ Yes ☐ No

## SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the child/youth have a co-occurring mental illness and substance use problem? ☐ Yes ☐ No

Is this an active problem? ☐ Yes ☐ No

Is the child/youth **CURRENTLY** receiving substance abuse services? ☐ Yes ☐ No

## COUNTY USE QUESTIONS

**Indicate NEW County Use Field #1**

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**Indicate NEW County Use Field #2**

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**Indicate NEW County Use Field #3**

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